

APPLICATION FOR TRANSIT BENEFIT

☐ Check this box only if you are currently enrolled in the Mass Transit program **AND** you are "**changing**" your residence or duty station

Name: _____
(Last) (First) (MI) (Last 4 of SSN)

Home Address: _____
(Number / Street)

(City) (State) (Zip)

YOUR WORK SITE (check ONLY one box **AND** complete the line below)

☐ D13 Jackson Federal bldg ☐ Any unit at Pier 36 ☐ Other

Stationed at: _____
(Your Unit) (Unit Phone Number) (Grade/Rank)

YOUR MODE OF TRANSPORTATION (check ONLY one box)

DHS

☐ Ferry ☐ Bus, Rail, Van Pool, Other

DHS

EMPLOYEE CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF HOMELAND SECURITY AND AM NOT NAMED ON A WORKSITE PARKING PERMIT WITH DHS OR ANY OTHER FEDERAL AGENCY. I ALSO CERTIFY THAT I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION FARE BENEFIT, WILL BE USING IT FOR MY DAILY COMMUTE TO AND/OR FROM WORK, AND WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING DOES NOT EXCEED MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20 DAY MONTH COMMUTING BY PUBLIC TRANSPORTATION).

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001, CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO \$5,000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL

I understand that if the Flex Pass is stolen, I can present a police report for replacement at no cost. If I lose it or detach from my unit without returning the Pass, I understand that I will be charged a replacement fee.

(Applicant's Signature)

(Date)

Signature of Supervisor verifies
that Applicant uses Mass Transit
for Commuting Purposes

(Signature of Supervisor)

Privacy Act Statement: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for public transit fare benefit. The **purpose** of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal Agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with DHS or any other Federal Agency. I understand that if a parking space has been assigned to me because of my position **and** I use the Mass Transit system, I will maximise the use of the parking space by designating its use to a non-user of Mass Transit.

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